



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5600

October 25, 2016

**CERTIFIED MAIL #7008 1300 0000 7187 4901**

Administrator  
Aegis of Issaquah  
780 NW Juniper Street  
Issaquah WA 98027

Assisted Living Facility License #1997  
Licensee: Aegis Senior Communities LLC

**IMPOSITION OF CIVIL FINES**

Dear Administrator:

On **October 13, 2016**, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter constitutes formal notice of civil fines on the license for your assisted living facility, also known as **Aegis of Issaquah**, located at **780 NW Juniper Street, Issaquah**, by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fines are based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **October 13, 2016**.

**WAC 388-78A-2474 Training and home care aide certification requirements.**  
**WAC 388-112-0075 Who is required to complete basic training, and when, unless**  
**exempt as described in WAC 388-112-0076?** **\$100.00**

**The licensee failed to ensure that a care manager received their basic training within 120 days of hire.**

**This is an uncorrected citation from May 2, 2016.**

**WAC 388-78A-2474 Training and home care aide certification requirements.**  
**WAC 388-112-0165 Who is required to complete specialty training, and when?** **\$100.00**

**The licensee failed to ensure that two staff received their dementia and mental health specialty training within 90 days of hire.**

**This is an uncorrected citation from May 2, 2016.**

**WAC 388-78A-2484 Tuberculosis.**

**\$100.00**

**The licensee failed to ensure that two staff had the required two-step Tuberculosis skin testing within the required time frames.**

**This is an uncorrected citation from May 2, 2016.**

**WAC 388-78A-2950 Water supply.**

**\$200.00**

**\$100.00 x 2 cottages**

**The licensee failed to ensure that the hot water was maintained below 120 degrees Fahrenheit at all times in two cottages.**

**This is an uncorrected citation from May 2, 2016.**

***NOTE: These are the violations which resulted in the fines; see the attached Statement of Deficiencies for any additional violations.***

**Attestation (Plan of Correction):**

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

James Sherman, Field Manager  
Region 2, Unit D  
20425 – 72<sup>nd</sup> Avenue South, Suite 400  
Kent, WA 98032-2388  
Phone: (253) 234-6020 / Fax: (253) 395-5071

**Appeal Rights:**

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

**Informal Dispute Resolution [RCW 18.20.195]**

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

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- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

**The written request must be received by the 10<sup>th</sup> working day from receipt of this letter.**

During the IDR process you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your written request to:

Informal Dispute Resolution Program Manager  
Residential Care Services  
PO Box 45600  
Olympia, Washington 98504-5600  
Fax (360) 725-3225

Formal Administrative Hearing

You may contest the civil fines by requesting a formal administrative hearing to challenge the deficiencies which resulted in the civil fines. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

**The written request must be received within twenty-eight (28) calendar days of receipt of this letter.**

Send your **written** request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

**Payment:**

If you do not request a formal administrative hearing, the civil fines is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

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Mail a check for \$500.00 payable to the 'Department of Social and Health Services' at:

DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

If you have any questions, please contact James Sherman, Field Manager at (253) 234-6020.

Sincerely,



Dina Longen-Grimes  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit D  
RCS Regional Administrator, Region 2  
HCS Regional Administrator, Region 2  
DDA Regional Administrator, Region 2  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
HQ Central Files  
bam